

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/18/2013
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 12/13/2012 | |
| NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN 47906 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| K0000 | <p>A Life Safety Code and Environmental Preoccupancy Survey for the renovation of the kitchen in area B was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/13/12</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Medical Surveyor, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Westminster Village–West Lafayette was found in substantial compliance with Requirements for Participation in Medicare/Medicaid 42 CFR Subpart 483.70(a) Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2–3.1–19</p> | | | K0000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>Environmental and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities.</p> <p>This one story facility was determined to be of Type III (211) construction. The facility was fully sprinklered and has a fire alarm system with hard wired smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has the capacity for 72 and had a census of 42 residents.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/21/12.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | | | |

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| K0029 SS=B | <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to provide a wall constructed to separate 1 of 1 kitchens in area B from the corridor. LSC requires where hazardous areas are protected by the approved automatic fire extinguishing system, the hazardous area is separated from other spaces by smoke resisting partitions and doors. This deficient practice could affect any occupant in area B where no residents were housed.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and administrator on 12/13/12 at</p> | | K0029 | <p>Standard is met under Life Safety Code 2012 regulations 18.3.2.5.3 1-12. 1)The portion of the health care facility served by the cooking facility is limited to seventeen (17) beds. 2) The range is equipped with a range hood of a width at least equal to the width of the cooking surface with grease baffles. 3) The hood system has a minimum airflow of 500 cfm (14,000 L/min.). 4) The hood system is ducted to the exterior. 5) The range complies with all of the following: a) The range is protected with a fire suppression system listed in accordance with UL 300. b) A manual release of the extinguishing system is provided in accordance with NFPA 96. c) An interlock is provided to turn off gas to the range when the suppression system is activated. 6) No solid fuel is used for cooking. 7) No deep-fat frying equipment is present. 8) Portable</p> | | 01/04/2013 | |

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| | <p>3:30 p.m., the renovated kitchen in area B was open to the exit corridor. There was no wall to separate the cooking area from the exit corridor. The administrator acknowledged the opening and said the construction met the criteria for kitchens under the 2012 edition of the LSC.</p> <p>3-1. 19(b)</p> | | | <p>fire extinguishers in accordance with NFPA 96 are located in all kitchen areas. 9) A switch meeting all of the following is provided: a) A locked switch is provided within the cooking facility that deactivates the range. b) The switch is used to deactivate the range whenever the kitchen is not under staff supervision. c) The switch is on a timer, not exceeding a 120-minute capacity, that automatically deactivates the range, independent of staff action. 10) Procedures for use, inspection, testing, and maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the manufacturer's instructions and are followed. 11) Heat sensors are located in the cooking area of the kitchen. 12) No smoke detector is located less than 20 feet from the range.</p> | | | |